

- File No. 963

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby state that:

My residence, post office address and citizenship are as stated below my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **OSTOMY DEVICE KIT**, the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-entitled application, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56(a).

I hereby appoint **ALVIN ISAACS** (Reg. No. 19630), my attorney, with full power of substitution and revocation, to prosecute this application, to make alterations and amendments therein, to receive Letters Patent, and to transact all business in the Patent & Trademark Office connected therewith.

Please send all communications to:

**Alvin Isaacs, Esq.
9544 Hawksmoor Lane
Sarasota, FL 34238-3221
Tel: (941) 918-8707; Fax: -8049**

I further declare that all statements made herein of my knowledge are true and that all statements made on information and belief are believed to be true; and that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or by imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of this application or any patent issued thereon.

Full Name of sole or first inventor: **ROBERT W. ETHEREDGE, III**

Inventor's Signature:  Date: Oct. 20, 2003

Citizenship: U.S.

Residence: NATICK, MA

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